



**State of New Jersey**  
DEPARTMENT OF MILITARY AND VETERANS AFFAIRS  
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TRENTON, NEW JERSEY 08625-0340

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*Governor*  
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GLENN K. RIETH  
*Major General*  
*The Adjutant General*

**DEPARTMENTAL BULLETIN NO. 10**

**10 August 2006**

**TRAINING ON CONFERENCE ROOM A  
VIDEO TELECONFERENCE (VTC) SYSTEMS**

1. This Bulletin applies to all individuals, offices and agencies within the New Jersey Department of Military and Veterans Affairs (DMAVA) regarding training in the use of state Video Teleconferencing and Visual Information equipment currently installed in DMAVA facilities.
2. The video teleconferencing network and visual information facilities are for primary use by The Adjutant General, Senior Leadership, State Active Duty (SAD) operations, Homeland Security operations, and state offices and employees within the Department of Military and Veterans Affairs. Federal employees who are required to brief at the DMAVA HQ complex also have access to these systems. If you are a federal office or employee and your primary interaction is with the National Guard Bureau, Army National Guard or other Federal agency, please contact CPT Christine Mills at (609) 562-0615 for availability of federal VTC resources.
3. Vendor training sessions on DMAVA video teleconferencing (VTC) systems and visual information equipment located at the Lawrenceville DMAVA headquarters building will be conducted on the following date(s) / time(s):

DATE	TIME	LOCATION
29 August 2006	9:00am – 12:30pm	DMAVA HQ Conf Rm A 101 Eggerts Crossing Rd
29 August 2006	1:00pm – 3:30pm	DMAVA HQ Conf Rm A 101 Eggerts Crossing Rd
19 September 2006	9:00am – 12:30pm	DMAVA HQ Conf Rm A 101 Eggerts Crossing Rd
19 September 2006	1:00pm – 3:30pm	DMAVA HQ Conf Rm A 101 Eggerts Crossing Rd

4. The Video Teleconferencing system in Conference Room A is representative of the type of VTC systems and Visual Information equipment in the DMAVA (TAG) Executive Conference Room; Brigadier General William C. Doyle Cemetery; and the HSCOE facility Command Conference room, Conference Room H, Future Operations room and Current Operations room.

Training will include instruction on how to plan, set-up, and conduct a video teleconference, how to use the Crestron control units, how to project PowerPoint and other presentations to plasma screens and overhead projectors, and how to map a DVD or videotape presentation to the display screens. Sample training outlines are attached to this bulletin (See Enclosure 1).

5. Division Directors, Superintendents, and separate office managers are required to send a minimum of (2) staff members for VTC training. However maximum participation of staff members is encouraged as the individuals who receive training will now be the division and separate offices primary support personnel for use of the VTC and Audio/Visual equipment in the conference rooms. This measure is necessary due to the loss of the DMAVA Visual Information Management position. Individuals desiring training in the operations of Department video teleconferencing systems and visual information equipment must submit a Request for VTC Training form (See Enclosure 2) to the DMAVA Chief Information Officer, Admin Support, Ms. Gail Miller, at least one week in advance of the scheduled training date. Seating is limited to 20 individuals per training session for instructional purposes and all requests will be handled on a first-come, first-served basis. IASD will confirm attendance at a requested session a minimum of (5) days prior to a requested training date

6. Requests for training of federal personnel (other than GSN video teleconferencing site coordinators and/or their designated alternate coordinators) will be handled on a space- available basis. Procedures for requesting training for federal employees are the same as above and must be approved by the appropriate G-Staff member.

7. Questions or inquiries concerning this bulletin should be addressed to the Department's Chief Information Officer, Mr. David S. Snedeker at (609) 530-6727 or email [David.Snedeker@njdmava.state.nj.us](mailto:David.Snedeker@njdmava.state.nj.us)

OFFICIAL:



DAVID S. SNEDEKER  
Chief Information Officer  
Acting Director, Information and  
Administrative Services

GLENN K. RIETH  
Major General, NJARNG  
The Adjutant General

DISTRIBUTION: A, A1, A2, E, F

2 Encls:

1. Conference Room A Training Outline / Conference Room D Training Outline
2. Request for Video Teleconference Training

# **VTC Training Outline – Conf Room A**

## VTC Instructions

- Turning System On

- Remote Locations

- Initiating a Call

- Phone Book

- Quad Display

- Turning System Off

## Projecting PowerPoint and Other Applications to the Zydacron Screen

- Using Conference Table Laptop Computer

- Mapping to Plasma Screen(s)

## Smart Board™

- Interactive Whiteboard Basics

- Orienting the Interactive Whiteboard

- Capturing and Sharing Information

## Polycom

## Tandberg Multicast Unit (MCU) Instruction

- Getting into the MCU

- Making a Conference Call

- Using the Phone Book

- Configuring a Conference

## Playing a Videotape or DVD

- Plasma Screen Mapping

- DVD Player

- VCR

## Contact Information

**STATE OF NEW JERSEY  
DEPARTMENT OF MILITARY AND VETERANS' AFFAIRS  
VTC/VI TRAINING**

**TRAINING REGISTRATION FORM**

(Please use a separate form for each date or location)

Name: \_\_\_\_\_ SSN (last 4) # \_\_\_\_\_

Unit/Directorate/Section \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone \_\_\_\_\_

Type Of Employee (Admin Support, Professional, Management) \_\_\_\_\_

State Employee ☐

AGR or Federal Technician ☐

Previous VTC/VI training: \_\_\_\_\_

Windows Familiarity (Check One): ☐ Beginner ☐ Intermediate ☐ Advanced

Date Requested: \_\_\_\_\_

Check desired training location below:

☐ VTC/VI TRAINING IN CONFERENCE ROOM A

Trainee Signature

Once this registration is confirmed, I will notify Customer Support (609-530-7177) in advance of any changes in my schedule. This notification will be followed up in writing with the reasons for the change within five days.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**SUPERVISOR'S APPROVAL**

I approve of this course registration request.

\_\_\_\_\_  
Supervisor's Name (Please print or type)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Supervisor's Telephone Number

**DIRECTOR'S APPROVAL**

I approve of this course registration request.

\_\_\_\_\_  
Director's Name (Please print or type)

\_\_\_\_\_  
Director's Signature

\_\_\_\_\_  
Director's Telephone Number